

SHADOW HEALTH AND WELLBEING BOARD AGENDA



10 December 2012

10.00 am

Committee Room 'B', Civic Centre
Victoria Road, Hartlepool

MEMBERS: SHADOW HEALTH AND WELLBEING BOARD

Voting Members (statutory members)

Directly Elected Mayor, Executive Members of the Local Authority, Chief Executive of Local Authority, Representative of Clinical Commissioning Group, Chief Executive/Director of the PCT (transitional arrangements until 2013), Director of Public Health, Director of Child and Adult Social Services, HealthWatch Board Member, Representative of the NHS Commissioning Board, Patient Representative.

Non-Voting Members (non-statutory members)

Director of Regeneration and Neighbourhoods, North Tees and Hartlepool NHS Foundation Trust, Tees Esk and Wear Valley NHS Trust, Voluntary Sector Representative(s), North East Ambulance NHS Trust, Cleveland Fire Authority.

1. **APOLOGIES FOR ABSENCE**
2. **TO RECEIVE ANY DECLARATIONS OF INTEREST**
3. **MINUTES**
 - 3.1 To confirm the minutes of the meeting held on 26 October 2012
4. **MATTERS ARISING FROM MINUTES**



5. ITEMS FOR INFORMATION

5.1 Health and Wellbeing Strategy – Verbal Update by Director of Public Health – Outcomes document attached

5.2 Public Health Outcomes Framework

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358

5.3 Regional Support by ANEC – Verbal Update by Director of Public Health

5.4 NHS Reform update – Verbal Update by Director of Public Health and Chief Officer, Hartlepool and Stockton on Tees Clinical Commissioning Group

5.5 British Heart Foundation Update – Public Health Team

6. ITEMS REQUIRING DECISION

None

7. ITEM FOR DISCUSSION

7.1 Hartlepool Health Status Presentation – Director of Public Health

7.2 Child Poverty Presentation – Sure Start, Extended Services and Early Years Manager

8. FUTURE AGENDA ITEMS

9. ANY OTHER BUSINESS



SHADOW HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

26 OCTOBER 2012

The meeting commenced at 11.30 am in the Civic Centre, Hartlepool

Present:

The Mayor, Stuart Drummond - In the Chair

Statutory Members: -

Councillor John Lauderdale, Adult and Public Health Services Portfolio Holder
Dave Stubbs, Director of Regeneration and Neighbourhoods
Louise Wallace, Director of Public Health
Ali Wilson, Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Non Statutory Members: -

Alan Foster, Chief Exec, North Tees and Hartlepool NHS Foundation Trust
Chris Willis, Chief Exec, NHS Hartlepool
David Brown, Tees and Esk Valley NHS Trust

Also Present:

Tracy Woodall, VCS Representative
Mary Edwards, Programme Manager Alcohol Treatment, Balance
Andy Graham, Public Health Registrar
Sally Johnston, Emergency Planning Manager, NHS Tees

Officers:

Phil Hornsby, Head of Service
Richard Starrs, Strategy and Performance Officer
Julian Heward, Public Relations Officer
David Cosgrove, Democratic Services Team

100. Apologies for Absence

Councillor Cath Hill (Deputy Mayor) (Children's and Community Services Portfolio Holder), Councillor Paul Thompson (Finance and Corporate Services Portfolio Holder), Nicola Bailey, Acting Chief Executive, Jill Harrison, Assistant Director, Adult Social Care, Sally Robinson,

Assistant Director, Prevention, Safeguarding and Specialist Services, Christopher Akers-Belcher, Hartlepool LINK Co-ordinator, Margaret Wrenn, Hartlepool LINK Chair, Martin Barkley, Chief Exec, Tees and Esk Valley NHS Trust, Simon Featherstone, Chief Exec, North East Ambulance Service, Dr Pagni, Clinical Commissioning Group.

101. Declarations of interest by Members

None.

102. Minutes of the meetings held on 10 September and 1 October 2012

Confirmed.

103. Update on Health Watch (*Head of Service*)

The Head of Services reported that the tender process had commenced with the advertised tender deadline of 16 November 2012. Tenders would be opened on 19 November and then would be subject to assessment. This assessment would include some interviews with tenderers. It was expected that the contract would be awarded on 1 December after which there would be a 'standstill' period of two weeks before confirmation of the contract on 14 December 2012. There would then be the transition period before the new contractor took over the role in April 2013.

Health Watch would provide a complaints advocacy process. The contract was being let on a collaborative regional basis involving all the authorities in the North East from the Tees Valley northwards. Gateshead are the lead authority on the contract. It was understood that there was more than one party bidding for the contractor.

Decision

That the report be noted.

104. NHS Emergency Planning Arrangements – post 2013 (*Director of Public Health*)

The Emergency Planning Manager, NHS Tees gave a presentation on the Local Health Resilience Partnerships (LHRPs) due to be established by April 2013 to deliver the national Emergency Preparedness, Resilience and Response (EPRR) for health sector organisations. The Emergency Planning Manager outlined the role of the LHRP and its relationship with the Local Resilience Forum (LRF) and Public Health England. The LHRP for this area was based on the Tees Valley and Durham area and the Hartlepool Director of Public Health was the Co-Chair of the group. The presentation set out the various roles and responsibilities of the LHRP in terms of the Local Area Teams, Public Health England and the constituent local authorities.

The new LHRPs had been established but like the Board were working as a shadow arrangement until 1 April 2013. Until that date the existing arrangements for EPRR remained with the PCTs. A multi-agency exercise had been organised to test the new command structure in November.

The Chief Executive NTHNFT commented that there were currently excellent arrangements in place for EPRR and he had no doubt these would continue under the new arrangement. The Board welcomed the appointment of the Hartlepool Director of Public Health as co-chair of the LHRP. The Director of Regeneration and Neighbourhoods commented that the interaction with the local LRF had gone well and he considered that the arrangements here were well ahead of other areas around the country.

Decision

That the report be noted.

105. Clear and Credible Plan (*Hartlepool and Stockton-on-Tees Clinical Commissioning Group*)

The Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group updated the Board on the work undertaken on the CCGs Clear and Credible plan. The plan was taking into account the work undertaken so far with local authorities on the development of the JSNA. The work was however was being done at a time of transition with appointments still being made at the CCG. The plan was available on the CCG website together with a shorter easy to read version. At this time the financial allocation from the government was still unknown.

Decision

That the report be noted.

106. CCG Authorisation (*Hartlepool and Stockton-on-Tees Clinical Commissioning Group*)

The Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group reported that stakeholder feedback had been received with good feedback from the GP Practices. Thirty-nine key documents had been completed for NHS Commissioning Board assessment. Following a desk top review there were twenty five areas that the NHS indicated couldn't be signed off. However, following the NHS Commissioning Board's visit last week, all the 'red flagged' areas were turned green and the Board's report on the visit was excellent with no specific areas being highlighted for action. This essentially completed the authorisation for the CCG to move forward as a statutory body. Work would now commence on the movement from the current structures to the new CCG.

Decision

That the report be noted.

107. Deciding Priorities for Health and Wellbeing in Hartlepool (*Specialty Registrar in Public Health, NHS Tees*)

The report regarding prioritisation of the Health and Wellbeing Strategy was discussed. The Director of Public Health reported that, as had been discussed at previous meetings, consultation has been ongoing in determining the priorities for the Hartlepool Joint Health and Wellbeing Strategy. The report submitted to the meeting set out the feedback obtained through the consultation process and the proposed prioritisation process. There was a discussion regarding how best to progress the prioritisation process and it was agreed that Board members who had already been assigned policy lead areas should lead this work. The policy lead areas in the context of the Marmot report had been agreed at a previous meeting. It was agreed that policy leads should undertake work before the next meeting to consider the issues that fall into their policy area and create a long list of priorities. The policy lead was then expected to consider the rationale for each priority and attempt to create a prioritised list in the light of the Marmot report and the responses to consultation.

The Strategy and Performance Officer indicated that 365 people had taken part in the consultation exercise with a further 175 responding to an online survey. Further consultation would be undertaken at the forthcoming Neighbourhood Forums. Once completed the performance against the priorities would be monitored and report through the Covalent performance monitoring system.

The Director reported that how a number of other authorities had completed their prioritisation process had been assessed and consideration was being given to an approach developed in Bath where a 'task and finish group' had been set up to complete the work on the JSNA. The Director reported that the strategy document, once this work had been completed, would be forwarded to Cabinet and subsequently Council for approval and adoption and then into the other partner agencies for their adoption.

The Director indicated that the document was now up-to-date within the process for partner agencies to review.

Decision

That the report be noted.

108. Cold Kills presentation (*Director of Public Health and Head of Public Health Intelligence*)

The Director of Public Health gave a presentation on the impact on health and death rates of cold weather. The Excess Winter Death rate for Hartlepool was second only to Lung Cancer in the number of deaths attributed each year. There was obvious concern at the potential for fuel poverty to have an adverse impact on these numbers.

The meeting discussed the pros and cons of front line staff receiving a flu jab each year. It was understood that for these inoculations to have a major affect at least 70% of the organisations' front line staff needed to volunteer for the flu jab. The Director of Regeneration and Neighbourhoods indicated that within the local authority those front line staff that would be going into peoples homes, particularly the elderly, were offered the flu jab. There was, however, a cost for the authority. There were also concerns as to whether an employer could insist that all staff had the inoculation.

In terms of preventing people falling into fuel poverty, the Director of Regeneration and Neighbourhoods commented that the authority was looking into the potential of collective supplier switching to gain the best fuel tariffs for large a group of residents. The Mayor asked for an update on the issue of collective switching at a future meeting. It was also indicated that there was an intention to use Welfare Notices to a greater level where there were concerns about elderly or vulnerable people not keeping warm during the winter.

The Board considered that there was still a need to get the message across to people that influenza could kill and that for 'at risk' groups, the flu jab had to be seen as an essential protection. There were concerns that many were put off by the often-reported view that people would feel ill after having the flu jab.

Decision

That the report be noted.

109. Minimum Unit Pricing for Alcohol Presentation (*Director of BALANCE*)

The Programme Manager Alcohol Treatment, Balance North East gave a presentation to the Board on the campaign for a minimum price per unit for alcohol in England and Wales. The presentation outlined the concerns around cheap alcohol particularly its availability to young people. The Programme Manager outlined the recently launched campaign by Balance for a minimum price per unit of 50p and the many concerns surrounding alcohol consumption and some of the cultural issues that the campaign faced.

The Mayor commented that many of the issues surrounding sport were cultural and therefore difficult to change. It was indicated that alcohol advertising during sport and its sponsorship by alcohol companies did make the two difficult to separate but the campaign for minimum pricing was aimed at the costs to society in terms of health and crime. The Mayor welcomed the campaign and indicated that the Council had voiced its support in the past and endorsed the postcard campaign linked to the recently launched Balance campaign.

Decision

That the report be noted and the campaign recently launched by Balance be supported.

The meeting concluded at 1.20 p.m.

CHAIR

Outcome 1: Give every child the best start in life	
Objective A	Reduce child poverty
Objective B	Deliver early intervention strategy
Outcome 2: Enable all children and young people to maximise their capabilities and have control over their lives	
Objective A	Children and young people are empowered to make positive choices about their lives
Objective B	Mechanisms are in place to maximise the control children and young people have over their lives
Outcome 3: Enable all adults to maximise their capabilities and have control over their lives	
Objective A	Adults with health and social care needs are supported to maintain maximum independence.
Objective B	Vulnerable adults are safeguarded and supported while having choice and control about how their outcomes are achieved.
Objective C	Adults with health and social care needs are supported to maintain maximum independence
Objective D	Vulnerable adults are safeguarded and supported while having choice and control about how their outcomes are achieved
Objective E	Meet Specific Housing Needs
Outcome 4: Create fair employment and good work for all	
Objective A	To improve business growth and business infrastructure and enhance a culture of entrepreneurship
Objective B	To increase employment and skills levels and develop a competitive workforce that meets the demands of employers and the economy
Outcome 5: Ensure healthy standard of living for all	
Objective A	Address the implications of Welfare Reform
Objective B	Mitigate against the impact of poverty and unemployment in the town
Outcome 6: Create and develop healthy and sustainable places and communities	

Objective A	Delivering New Homes, contributing to Sustainable Communities
Objective B	Improving Existing Homes, supporting Sustainable Communities
Objective C	Create confident, cohesive and safe communities
Objective D	Local people have a greater influence over local decision making and delivery of services
Objective E	Reduce carbon emissions
Objective F	Prepare for the impacts of climate change.
Objective G	Reducing the impact of transport on the environment.
Objective H	Ensure safer and healthier travel
Objective I	Improve equality of opportunity through access to Services
Outcome 7: Strengthen the role and impact of ill health prevention	
Objective A	Reduce the numbers of people living with preventable ill health and people dying prematurely
Objective B	Narrow the gap of health inequalities between communities in Hartlepool